FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB
3060-0076
Est. time per response:
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

			_	[Please read instructions before completing and for Notice regarding public burden.]	structions bef	ore completin	g and for Not	ice regarding	public burden						
SECTION 1 - General Information 1. Name and Mailing Address of Respondent	Responden	-													
Totelcom Communications, LLC P. O. Box 290 DeLeon, TX 76444	ations, I	TC											Check huis a chan address.	Check here if this is a change of address.	
2. Year Report Filed		3. Reporti	Reporting Period (Ending Date of Pay	ng Date of Pa	۷		4. Number of	4. Number of Full-Time Employees	nployees duri	during Selected					
2019		03/1	03/15/2019	on)			p. Fey	 Reporting Period (creck one): a. Fewer than 16 (complete Sections b. 16 or more (complete all sections) 	- 0	Sections I, IV, and V only) sections)	V only)				
SECTION II - Full-Time Employees.	00 8.														
						_	Num Report empk	Number of Employees (Report employees in only one cates	yees one category)						
<u> </u>							-	Race/Ethnicity							
Categories	ı	Hispanic or			:			Not-Hispanic or Latino	c or Latino						Tota
			-		Male	te					Female	ale			A Colum
	Male	Female	White	Black or African	Native Hawaiian or	Asian	American Indian or	Two or more races	White		Native Hawaiian or	Asian	American Indian or	Two or more races	
				Amercan	Pacific Islander	-	Native		-	Allercall	Pacific Islander		Native		
	>	В	С	ם	æ	Ŧ	G	I	_	ſ	*	٦	8	z	0
Executive/Senior Level Officials and Managers	1.1		1						-						2
First/Mid-Level Officials and 1	1.2		2						4						6
Professionals	2														0
Technicians	ω		6			·			1						7
Sales Workers	4		2						1						ω
Administrative Support Workers	5	1	1						10		-				12
Craft Workers	6 1		6												7
Operatives	7														0
Laborers and Helpers	8 1	-	2												4
Service Workers	φ														
TOTAL	10 2	2	20	0	0	0	0	0	17	0	0	0	0	0	4
PREVIOUS YEAR TOTAL	11 2	2	20	0	0	0	0	0	17	0	0	0	0	o	<u>4</u>

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Job								Race/Ethnicity						
Categories	Ξ	Hispanic or						Not-Hispan	Not-Hispanic or Latino					
		Latino			×	Male					Female	nale		ַ
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawalian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races
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Executive/Senior Level 1. Officials and Managers	:					-								
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Technicians	ω													
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Administrative Support Workers	G									:				
Craft Workers	6													
Operatives	7													
Laborers and Helpers	œ		_						1					
Service Workers	· co													
TOTAL 1	0	0	1	0	0	0	0	0		0	0	0	0	0
PREVIOUS YEAR TOTAL 1	0	0	_	0	0	0	0	0	1	0	0	0	0	0
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	nination Cor	nplaints Purs	uant to 47 CFI	R 22.321, 23.5	5, 90.168, 10	1.4, and 101.	311.						***************************************	
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	Commission body having Commission	n that no compi g competent ju n that the follow volved, date file	laints regarding risdiction in such such such section in such sections in such sections are sections of a section sections of a section sections are sections.	yviolations of the matters dure alleging violations generated by the salleging violated by the s	the equal emp ing the calend itions of the pr	oloyment proving year cover co	isions of Fedd ed by this rep ny equal empl n heard, file n	ral, state, ten ort. oyment oppor umber or othe	itorial, or loca tunity statute r designation,	il statutes hav have been fik and current s	local statutes have been filed against this tute have been filed against this company tion, and current status or disposition.	gainst this company.		
SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	wledge, info	mation, and b	elief, all statem	ents in this re	port are true a	ind correct.								
Date Ty 05/14/2019 T	yped or Printed Name or Toney Prather	Typed or Printed Name of Person Signing Toney Prather	rson Signing			Signature		L	X X			Telephone No. (254) 89	elephone No. (254) 893-1000	_
Title of Person Signing President				WILLFULLY OF ANY ST.	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	EMENTS MA	DE ON THIS	FORM ARE I	J.S.C. 312 (A)	BY FINE AN (1) AND/OR	D/OR IMPRIS	ONMENT (18	3 U.S.C. 1001 03).) AND/C